

State of Rhode Island and Providence Plantations  
**DEPARTMENT OF EDUCATION**  
Shepard Building  
255 Westminster Street  
Providence, Rhode Island 02903-3400

Peter McWalters  
Commissioner

Dear Colleague,

We are pleased to provide you with a new Healthy Schools! Healthy Kids! publication entitled: Youth Health Risk Behaviors How Rhode Island Schools Can Use Survey Data to Create a Healthy Environment for Students. Data, key findings and trends in health behaviors, including physical activity and nutrition, tobacco use, sexual activity, alcohol and other drugs, and injury, from the latest Youth Risk Behavior Survey are presented as study sheets. The study sheets can be used together or separately to plan broad based or targeted strategies to improve healthful behaviors. The sheets include a context for each risk behavior, presentation of the data on Rhode Island students, ideas on the role of schools in addressing each risk behavior and examples of best practice in Rhode Island schools. Suggestions about the use of other school based data sources like the SALT survey in combination with this information is also included. There are staff contacts from the Rhode Island Departments of Health and Education that you can email for more information pertaining to each risk area. This publication is being sent to all Rhode Island school superintendent, high school principals and middle school principals.

We hope that you will find these study sheets useful for district and school based improvement plans that recognize the critical link between health behaviors and school achievement. Additionally we would like to encourage teachers to use this information as part of classroom-based activities and lessons as applicable. Finally this information can be shared with parents and the broader community during School Report Night or some other venue.

The Departments have been administering the Youth Risk Behavior Survey since 1997. Since it is a statewide random sample most of the middle and high schools in Rhode Island have participated in the implementation of the survey at some point in time. We hope you find this publication useful and welcome your feedback. You can contact Rosemary Reilly-Chammat, School Health Program Manager, Rhode Island Department of Health at 222-5922 with questions or concerns. Thank you.

Peter McWalters  
Commissioner  
RI Department of Elementary  
and Secondary Education

Sincerely,

David Gifford, MD, MPH  
Director  
Rhode Island Department  
of Health

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# YOUTH HEALTH RISK BEHAVIORS

*How Rhode Island Schools Can  
Use Survey Data to Create a  
Healthy Environment for Students*







## How Rhode Island Schools Can Use Survey Data to Create A Healthy Environment for Students

The Rhode Island Department of Health and the Rhode Island Department of Education are pleased to present Rhode Island school staff and administrators with the following study sheets. The study sheets:

- » present selected key findings from the latest Youth Risk Behavior Survey conducted in 2003 including recent trends in health risk behaviors among Rhode Island high school students in the areas of:
  - Physical Activity and Nutrition
  - Sexual Activity
  - Alcohol and Other Drugs
  - Tobacco Use
  - Injury
- » provide a context for considering implications of the data for schools and communities
- » share best practices at the state and local levels for reducing health risks in schools
- » suggest other data sources to consider along with the YRBS.

We hope that you find ways to use the information provided in classroom education, program planning, and policy development.



## About the Youth Risk Behavior Survey

Health and education are closely related. In fact, increasing the graduation rate is an official health objective for the nation for the year 2010.

Children who are healthy are better prepared to learn in school, they tend to perform better, and they are more likely to graduate. High school graduation is a major predictor of good health outcomes for adults. In general, population groups with the lowest levels of education also suffer the worst health status and they have the highest poverty rates. Differences in income and education levels are associated with differences in the occurrence of illness including heart disease, diabetes, obesity, elevated blood lead level, and low birth weight.

The Youth Risk Behavior Survey (YRBS) is a national survey administered by the Centers for Disease Control and Prevention (CDC). Almost all states participate in the YRBS survey.

The YRBS provides vital information on risk behaviors among young people so that schools can more effectively target and improve their curricula and programs. The YRBS allows schools to look at risks in combination with each other, such as physical activity and nutrition or alcohol use and injuries. The health of both children and adults is related to behaviors established in childhood; positive choices need to be promoted before unhealthy behaviors are initiated or become ingrained. Schools play a vital role in addressing these issues.

## YRBS Administration

The YRBS is based on a statewide, random sample of public high school students. Rhode Island schools are selected through a random process and certain classes within a school are surveyed. CDC funds part of the cost of administration. It is important that enough schools participate in the survey to have valid results. School participation is a local decision. Rhode Island has received competitive Coordinated School Health Program funds since 1994 from the CDC, and the YRBS data provides important measures for progress toward coordinated school health program goals. To date, the YRBS survey has been successfully implemented three times in Rhode Island – in 1997, 2001, and 2003.

### *Addressing Health Risks in Schools: A Case Study*

*The California Healthy Kids Survey analysis shows that schools make greater progress in raising test scores when they have students who are less engaged in risky behaviors such as substance use and violence, who are more likely to eat nutritiously and to exercise, and who report having caring relationships and high expectations at school. Results suggest that addressing the health and developmental needs of youth is a critical component of a comprehensive strategy for meeting the accountability demands of improved academic performance.*



## The Importance of YRBS Data Collection

Before the 1990s, reliable prevalence data for health risk behaviors among young people were not available. Health risk behaviors include tobacco use, unhealthy eating, inadequate physical activity, alcohol and other drug use, sexual behaviors that may result in HIV infection or other sexually transmitted diseases or unintended pregnancy, and violent and unintentional injury.

Using data from the YRBS, Rhode Island is able to look at a range of risk behavior trends related to the healthy development of youth. This information – along with other school-based data such as the School Accountability for Learning and Teaching (SALT) survey – can help parents, schools, and communities support healthy behaviors and academic achievement.

Since Rhode Island YRBS data have been successfully collected three times over the course of seven years, there is enough information to look at trends. Trends help determine if behaviors have increased, decreased, or stayed the same over time. The next YRBS will be administered in 2005. If contacted to participate, please agree and know that you are an important partner in helping Rhode Island youth stay healthy and succeed in school.

### From Data Collection to Action

State and local health and education officials use the YRBS to implement and modify programs to address the behaviors of young people in specific areas, to set program goals and objectives to monitor progress toward these goals, and to create awareness of the extent of risk behaviors among young people to encourage action.

#### For example, research has shown that:

- » Promoting positive youth development can help prevent a range of teen risk-taking behaviors including sexual risk-taking; and
- » Supporting protective factors – such as high aspirations for the future or attachment to school – can be effective at reducing teen sexual activity and pregnancy.

#### This can be done:

- » During school by fostering a caring and personal school climate, and
- » After school by providing high-quality programs and activities supervised by caring adults.

*For more information  
about YRBS survey methods  
or other data breakdown  
Contact Donald Perry at  
[donp@doh.state.ri.us](mailto:donp@doh.state.ri.us)*







# PHYSICAL ACTIVITY & NUTRITION

## Defining the Challenge

Lack of physical activity and poor nutrition often lead to overweight and obesity. Obesity trends are increasing across the United States. According to the Centers for Disease Control and Prevention (CDC), approximately 8 million children aged 6-17 are overweight — a 100% increase since 1980. Type 2 diabetes, asthma, high cholesterol, high blood pressure, orthopedic problems, and psychological problems are a few of the obesity-related health risks that children as young as five years old are experiencing.

Overweight and obesity have been linked to higher rates of absenteeism and lower test scores in school. There are also social and emotional issues involved. Children often feel self conscious about their weight. They may have difficulty participating in physical activities and may feel embarrassed about those limitations. These feelings may cause children to disengage from activities that could otherwise help them achieve better health.

A recent study from the National Institute for Health Care Management Foundation found that adding one hour of physical education per week for five and six year old girls greatly reduced the incidence of overweight. The study can be found at [www.nihcm.org](http://www.nihcm.org). Establishing and actively practicing policies that support healthy behaviors at the school or district level will not only impact health outcomes but will also improve readiness and ability to learn and perform.





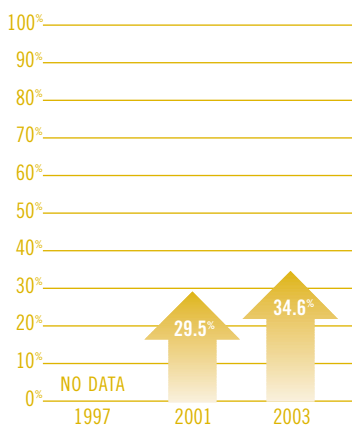


*A 2001 Rhode Island Healthy Schools! Healthy Kids! physical education survey determined that Rhode Island students are receiving far less than the weekly physical education recommendations of 150 minutes for elementary students and 225 minutes for middle and high school students.<sup>2</sup>*

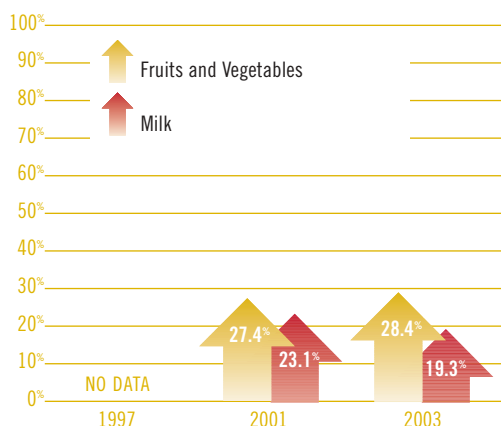
## How Rhode Island Students Are Doing

The Youth Risk Behavior Survey (YRBS) data show that Rhode Island students are at risk of overweight and obesity.<sup>1</sup> According to the 2003 YRBS, there have been some improvements in a number of risk factors including the amount of time children are physically active during physical education class and the percent of students who exercised to lose weight. There has also been a slight decrease in percent of students choosing less healthy weight loss practices such as vomiting, taking laxatives, and abstaining from food.

However, there appears to be a decrease in moderate and vigorous activity among students (see Graph 1). Further, there has been no significant change in fruit and vegetable consumption and a decrease in drinking milk (see Graph 2).



**GRAPH 1:** Percent of students with insufficient moderate and vigorous physical activity in the past week, 2001-2003.<sup>1</sup>



**GRAPH 2:** Percent of students who ate 5 or more servings of fruits and vegetables or drank 3 or more glasses of milk per day in the past week, 2001-2003.<sup>1</sup>





## What Schools and Districts Can Do To Help Promote Physical Activity and Good Nutrition

Schools play a significant role in the behaviors of students and therefore in reversing obesity trends. Schools can use information from the School Accountability for Learning and Teaching (SALT) survey to inform initiatives. Nutrition information collected includes the number of days students eat breakfast and the number of servings of fruits and vegetables consumed by individual students. Physical activity information collected includes the number of hours students spend at home doing non-physical activity (i.e., computer games, video and television viewing).

The Centers for Disease Control and Prevention (CDC) and Rhode Island Healthy Schools! Healthy Kids! have made recommendations on the best approaches to enhance physical education and nutrition programs in schools. These include:

» Ensuring that lunch items include salad bars and whole wheat and whole grain choices.

Limiting french fries to one day per week.

» Allowing only water, milk, 100% fruit juice, and healthy snacks in vending machines.

» Banning candy fundraisers.

» Prohibiting the sale and distribution of unhealthy foods throughout the school grounds during the entire school day.

» Offering daily opportunities for physical education and physical activity including recess and out-of-school-time programs with an emphasis on lifetime fitness.

» Increasing the intensity level of activities performed by students during physical education class by changing the curriculum to include more vigorous games (i.e., substitute soccer for softball) and making physical education classes longer.

» Ensuring that school-based and classroom-based policies offer rewards that are not food related.

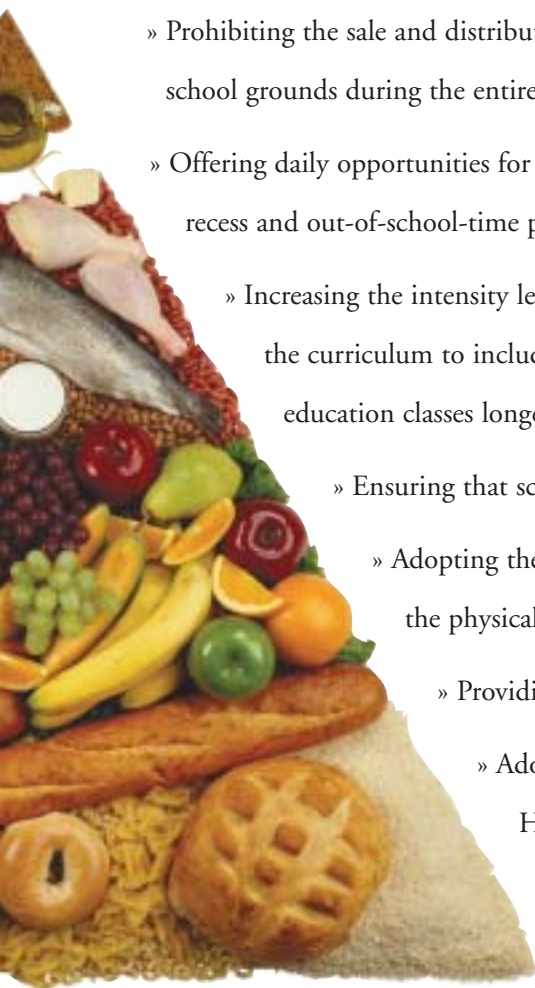
» Adopting the Rhode Island Standards for Physical Education ([www.riahperd.org](http://www.riahperd.org)) and ensuring that the physical education curriculum is aligned with these standards.

» Providing opportunities for community-based physical activity.

» Adopting the model policy on nutrition and physical activity developed by the Rhode Island Healthy Schools Coalition.

*A nationwide study of vending machines in middle schools and high schools found that 75% of the drinks and 85% of the snacks sold have poor nutritional value.<sup>3</sup>*

*For more information on the CDC's physical activity and nutrition recommendations, visit [www.cdc.gov/nccdphp/bb\\_nutrition](http://www.cdc.gov/nccdphp/bb_nutrition).*





## Examples of Best Practices in Rhode Island

- » Pawtucket schools eliminated all unhealthy foods and beverages from vending machines.
- » Cumberland and North Smithfield schools have district-wide advisory groups on nutrition and physical activity.
- » Westerly schools serve healthy breakfasts in the classroom.
- » Chariho schools banned candy fundraisers.
- » The Rhode Island Senate has convened a Special Commission on Childhood Obesity to study policies that Rhode Island can enact to support healthy choices for children in schools and communities.



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<sup>1</sup>*Rhode Island Youth Risk Behavior Survey, 2003, Office of Health Statistics, RI Department of Health.*

<sup>2</sup>*National Association for Sport and Physical Education.*

<sup>3</sup>*Center for Science in the Public Interest.*





# SEXUAL ACTIVITY

*Teens who are taking sexual risks are more likely to be taking other health risks such as using drugs and alcohol.*

## Defining the Challenge

Sexual intercourse, particularly without the use of a condom, puts teens at risk for unintended pregnancy, HIV/AIDS, and other sexually transmitted diseases (STDs). Adolescents and young adults (ages 15-24) have the highest STD rates of any age group.<sup>1</sup> Half of the new cases of HIV infection in the U.S. occur in people under 25.<sup>2</sup> Teen pregnancy and teen births are more common in the U.S. than in any other industrialized country.<sup>3</sup>

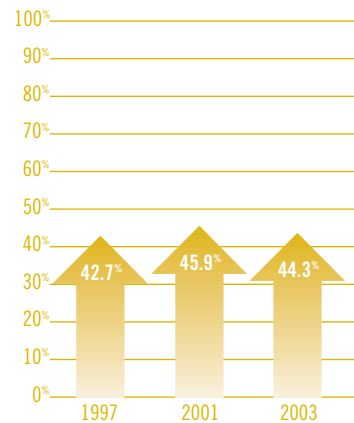
Untreated STDs can lead to long-term health consequences, missed school time, and other complications. Students who are worried about being pregnant or having an STD may have less attention in the classroom and lower academic performance. Less than one third of teenagers who have a child before age 18 ever finish high school.<sup>4</sup> Teens who are taking sexual risks are also more likely to be taking other health risks such as using drugs and alcohol.<sup>5</sup>



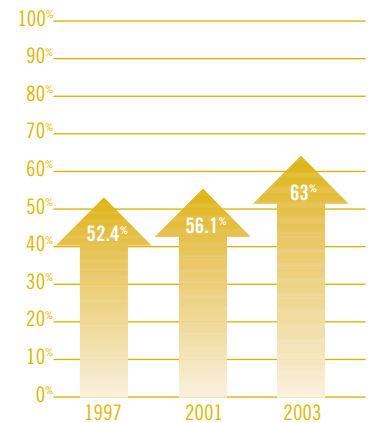


## How Rhode Island Students Are Doing

According to the 2003 Youth Risk Behavior Survey (YRBS), almost half of Rhode Island public high school students reported ever having had sexual intercourse (see Graph 1).<sup>6</sup> While slightly lower than the national rate in 2003, it still appears to be the highest among New England states participating in YRBS. Of those students participating in the YRBS, there has been a significant improvement in the percent reporting using condoms at last intercourse. However, in 2003, still less than two-thirds used a condom the last time they had sex (see Graph 2). Ninety-two percent of Rhode Island students say they have been taught about HIV/AIDS infection in school.



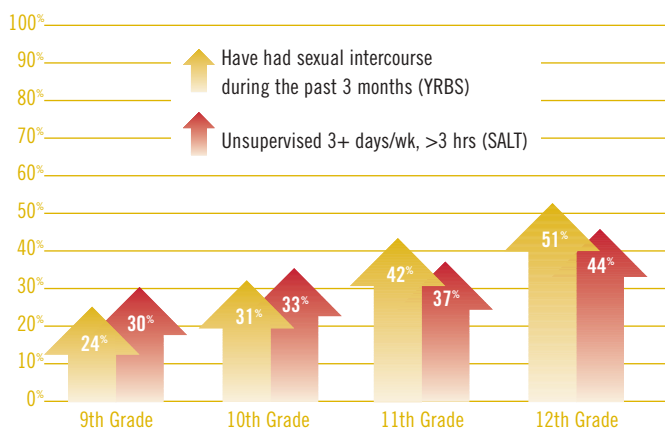
**GRAPH 1:** Percent of students who have ever had sexual intercourse, 1997-2003.<sup>6</sup>



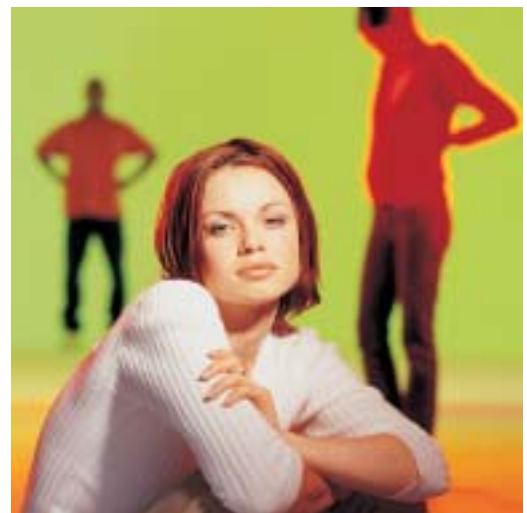
**GRAPH 2:** Percent of sexually active students who used a condom the last time they had sex, 1997-2003.<sup>6</sup>

*YRBS and SALT data show a concordance between decreased supervision of high school students and increased prevalence of sexual intercourse.*

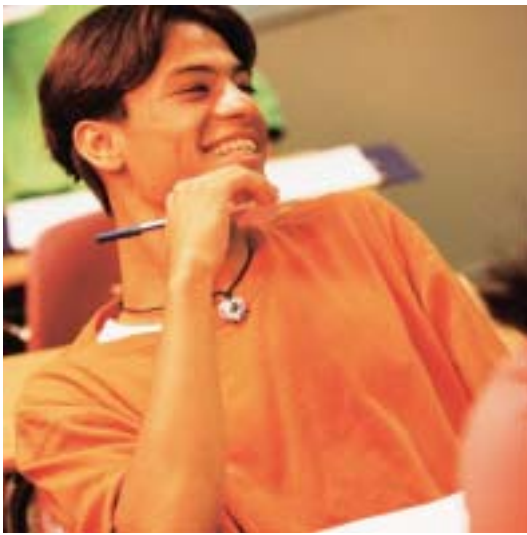
The School Accountability for Learning and Teaching (SALT) student survey does not collect information about sexual risk behaviors. However, it does cover related issues. For example, it seems logical that the more adult supervision teens have, the less likely they are to engage in sexual activity. In 2003, SALT survey results indicated that 35% of Rhode Island high school students took care of themselves after school without adult supervision at least three days a week for more than three hours. This rate ranged from 30% of 9th graders to 44% of 12th graders. Graph 3 shows a concordance between the SALT data on lack of supervision and the YRBS data on rates of sexual intercourse. While this concordance is not conclusive, your school may further investigate this relationship to inform education programming.



**GRAPH 3:** Percent of high-school students who had sexual intercourse during the past 3 months and percent of high-school students who are unsupervised 3+ days/week for >3 hours per occasion, 2003.<sup>6</sup>







## What Schools and Districts Can Do To Prevent and Reduce Sexual Activity

While no single approach will work for all students, research points to three approaches that schools can use to reduce teen sexual risk taking:

1. Providing comprehensive sex education;
2. Ensuring access to reproductive health care; and
3. Supporting positive youth development.

### Schools should strive to address all three areas by:

- » Offering and increasing instruction time in health education including family life and sexuality education with abstinence messages.
- » Making use of technical assistance and professional development opportunities provided by the Rhode Island Department of Education on standards-based HIV/STD instruction for secondary school educators.
- » Establishing and supporting more school-based health centers, particularly in urban middle and high schools.
- » Establishing and supporting quality after-school programs that promote positive youth development, in both school and community settings. Quality programs should offer appropriate supervision and provide opportunities to use time constructively, to improve academic performance, and to develop new skills. Wherever feasible, transportation should be provided.
- » Creating school and classroom climates that are nurturing and supportive, and that connect students with caring adults.
- » Offering parenting and communication skills workshops for parents.

### 10 Characteristics of Effective Sex and HIV Education Programs<sup>5</sup>

The most effective sex and HIV education programs decrease sexual activity and increase teens' use of condoms. These programs share the following ten characteristics:

1. Focus on reducing one or more sexual behaviors
2. Are based on behavior change theories
3. Deliver a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception
4. Provide basic and accurate information about risks and ways to avoid them
5. Address social pressures
6. Provide examples of and practice with communication, negotiation, and refusal skills
7. Employ teaching methods that involve participants and personalize information
8. Are appropriate to the age, sexual experience, and culture of the students
9. Last a sufficient length of time (i.e. last more than a few hours)
10. Have teachers who believe in the program and are adequately trained



## Examples of Best Practices in Rhode Island



- » There are currently eight school-based health centers (SBHCs) in Rhode Island. SBHCs:
  - Provide clinical primary and behavioral health care services;
  - Provide students with information on human sexuality with an emphasis on the health and psychosocial benefits of abstinence; and
  - Refer students to Community Health Centers for additional care and education, counseling, HIV/STD screening and treatment, access to condoms and contraceptives, and referrals to other health services.
- » There are collaborative efforts under way between the Rhode Island Department of Education, Rhode Island Department of Health, and local colleges and universities to provide internet-based HIV/AIDS training and professional development in sexuality education to Rhode Island teachers. Contact Margaret Sabatini Ed.D., 401-222-4600 ext. 2210 for more information.
- » State and community-level partners developed Parent Link RI ([www.ParentLinkRI.org](http://www.ParentLinkRI.org)), a web-based resource for parents that promotes youth development and offers strategies to help youth abstain from sexual risk taking behaviors.

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<sup>1</sup>Cates, J.R., Herndon, N.L., Schulz, S.L., & Darroch, J.E. 2004, *Our Voices, Our Lives, Our Futures: Youth and Sexually Transmitted Diseases*.

<sup>2</sup>U.S. Centers for Disease Control and Prevention. 2002, *Fact Sheet: "Young People at Risk: HIV/AIDS Among America's Youth."*

<sup>3</sup>Singh, S., & Darroch, J.E. 2000, *Adolescent pregnancy and childbearing: Levels and trends in developed countries. Family Planning Perspectives*, 32(1), 14-23.

<sup>4</sup>National Campaign to Prevent Teen Pregnancy. 2004, "Teen Pregnancy – So What?" [www.teenpregnancy.org/whycare/pdf/sowhat.pdf](http://www.teenpregnancy.org/whycare/pdf/sowhat.pdf).

<sup>5</sup>Kirby, D. 2001, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington: National Campaign to Prevent Teen Pregnancy.

<sup>6</sup>Rhode Island Youth Risk Behavior Survey, 2003, Office of Health Statistics, RI Department of Health.





**STAY ALIVE**

**DONT DRINK  
AND DRIVE**



# ALCOHOL AND OTHER DRUGS

## Defining the Challenge

Alcohol and illicit drug use are associated with many of this country's most serious public health problems including violence, injury, and HIV infection.

Long-term heavy drinking can lead to heart disease, cancer, and alcohol-related liver disease. Alcohol abuse is associated with motor vehicle crashes, homicides, suicides, and drowning—the leading causes of death among youth. Alcohol and illicit drug use can put students at risk for school failure. Further, alcohol and illicit drug use are associated with sexually transmitted diseases and pregnancy, which can also put students at risk for school failure.

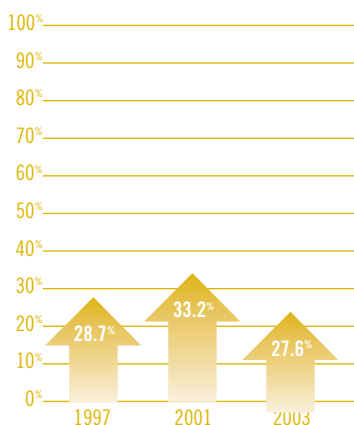
*Alcohol abuse is associated with motor vehicle crashes, homicides, suicides, and drowning—the leading causes of death among youth.*





## How Rhode Island Students Are Doing

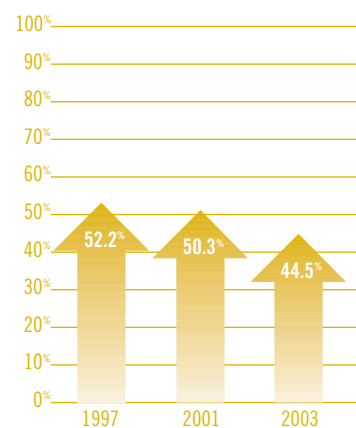
The 2003 Youth Risk Behavior Survey (YRBS) shows a significant decrease in substance use among high school students.<sup>1</sup> Students' use of alcohol, marijuana, and cocaine has declined, as has the percent of students who are being offered drugs in school and use alcohol or marijuana on school property. Even with the decline, the percent of students who report using alcohol and marijuana one or more times during the past 30 days is still too high and these issues need to be addressed (see Graphs 1 and 2).



**GRAPH 2:** Percent of students who used marijuana one or more times in the last 30 days, 1997-2003.<sup>1</sup>

Results are mixed regarding use of alcohol or marijuana on school property. While reported alcohol use on school property appears lower for Rhode Island than the national average, Rhode Island's reported use of marijuana on school property is higher than the national average.

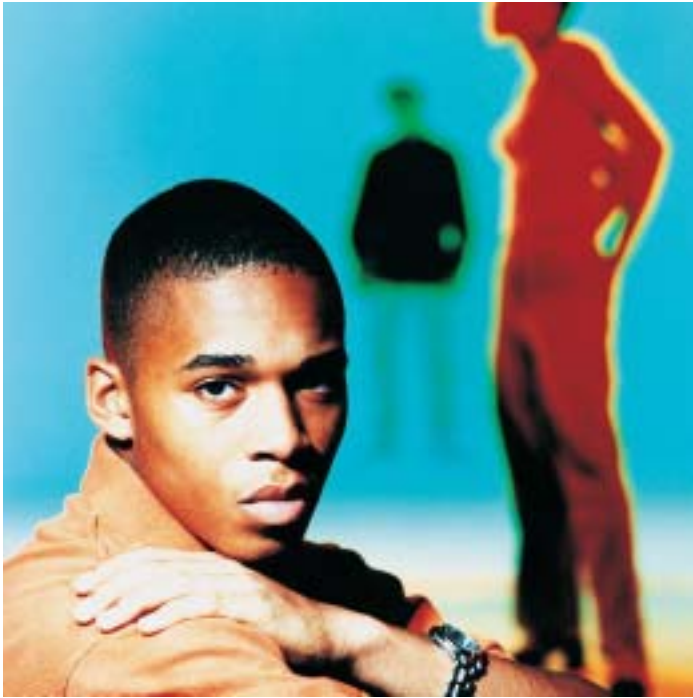
The availability and use of illicit drugs on school property is a challenge facing Rhode Island schools. Students who drink alcohol and use and sell drugs create an atmosphere that is unsafe for other students and school staff. They are at risk for dropping out, and they often lack motivation and self-discipline. They can also be disruptive and violent when they are under the influence.



**GRAPH 1:** Percent of students who had at least one drink of alcohol one or more times in the last 30 days, 1997-2003.<sup>1</sup>







*Students who drink alcohol and use and sell drugs create an atmosphere that is unsafe for other students and school staff.*

## What Schools and Districts Can Do To Help Reduce Use of Alcohol and Other Drugs

Schools can review data from their School Accountability for Learning and Teaching (SALT) survey including students' reports of alcohol consumption and illicit drug use. Additionally, data on students' attitudes and perception of risk in using alcohol and other drugs can inform policies and programs to reduce student risk. Schools can take measures to reduce alcohol use on school property and to address the availability of illegal drugs on school property.

### Effective strategies include:

- » Working collaboratively with local substance abuse prevention task forces and other community social service providers to ensure that effective interventions supported by research evidence are implemented.
- » Encouraging parents to become more actively involved in the lives of their children, particularly with respect to participation in school activities and communicating clear messages about abstaining from drug and alcohol use.
- » Providing after-school supervision by responsible adults.
- » Committing school policies to substance abuse prevention.
- » Initiating early interventions before risk factors become established.
- » Using data from surveys such as the YRBS and SALT to track progress in achieving desired outcomes related to alcohol and other drug use among students.



## Examples of Best Practices in Rhode Island

- » There are 35 community substance abuse prevention task forces in Rhode Island established to ensure that effective prevention interventions are implemented locally across the individual/peer, family, school, and community levels.
- » Thirteen communities have implemented science-based prevention programming in 23 schools.
- » Six community agencies have received grants to implement evidence-based prevention programs adhering to the United States Department of Education's Principles of Effectiveness. These grants primarily target youth referred to local Juvenile Hearing Boards and teens and their families who recently immigrated to the U.S.
- » Rhode Island has been awarded a Federal State Incentive Grant (SIG) to develop a revitalized, comprehensive state and community prevention system to reduce substance use among youth aged 12-17. Twenty-five grants were awarded to Rhode Island community providers to develop local programs in schools and communities and to develop local infrastructure to support prevention activities.
- » A second SIG was recently awarded to expand the initiative to six communities based on a statewide assessment of needs and priorities.



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# TOBACCO USE

*The tobacco industry spends \$40 million in advertising and promotions in Rhode Island, much of it targeting the young people needed to replace quitting and dying smokers. This relentless marketing counters the work of convincing young people not to start using tobacco.*

## Defining the Challenge

Tobacco use is the number one preventable cause of death in the United States and is responsible for one out of every five deaths each year in Rhode Island.<sup>1</sup>

Active smoking kills 1,800 Rhode Islanders per year, with 200 more killed by secondhand smoke.<sup>2</sup> At current national smoking rates, well over 6 million children under 18 who are alive today will die from smoking-related diseases.<sup>3</sup>

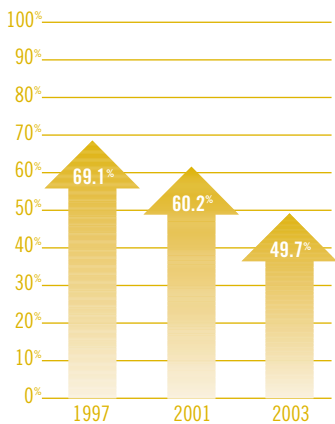
Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases.

Tobacco use can cause and exacerbate asthma, a major health issue facing Rhode Island's youth, and also a major cause of absenteeism. Rhode Island has a disproportionately high rate of asthma, and asthma rates are rising. Smoking has also been linked to experimentation with illegal drugs and alcohol. Tobacco use in school bathrooms, although prohibited, is a common occurrence, causing smoke damage, burns, secondhand smoke, and an unpleasant environment for non-smoking students.

Once they begin using tobacco, adolescents see themselves as occasional users and rarely as regular "smokers." Adolescents are unreceptive to cessation programs because they vastly underestimate the power and speed of addiction to nicotine and the need for assistance in quitting smoking.







**GRAPH 1:** Percent of students who ever tried cigarette smoking, 1997-2003.<sup>4</sup>



**GRAPH 2:** Percent of students who smoked cigarettes on school property once or more in the past 30 days, 1997-2003.<sup>4</sup>

## How Rhode Island Students Are Doing

According to the Rhode Island Youth Risk Behavior Survey (YRBS), the percent of high school students who ever tried cigarette smoking has significantly

decreased in recent years (see Graph 1).<sup>4</sup> In addition, the percent of students who smoked cigarettes once or more in the past 30 days also decreased. The percent of students who smoked cigarettes on 20 or more days during the past 30 days—an indication of heavier smoking—also decreased. Finally, the percent of students who smoked cigarettes on school property once or more in the past 30 days significantly decreased (see Graph 2).



## What Schools and Districts Can Do To Help Reduce Tobacco Use

Rhode Island and the nation have had great success in changing public attitudes and behaviors about smoking. Schools are uniquely suited to strengthen the trend against tobacco use. Schools and districts are encouraged to review their School Accountability for Learning and Teaching (SALT) survey data on student reports of smoking, chewing tobacco, and snuff in the past 30 days and to use these data to inform initiatives.

The Centers for Disease Control and Prevention (CDC) have made recommendations on the best approaches to ensuring tobacco-free environments in schools. These include:

- » Adopting science-based tobacco prevention curricula that provide information about tobacco-related health issues, targeting the tobacco industry, and that teach media literacy.
- » Strengthening and enforcing existing no-smoking policies on school property.
  - Prohibit the use of tobacco by students, staff, and visitors at all times.
  - Communicate policies on tobacco use through a variety of methods.
  - Develop written, school-specific procedures for enforcing policies on tobacco use.
  - Identify and provide education to those responsible for enforcement.
- » Providing cessation services in school. While it is challenging to encourage smokers to use cessation services, these programs provide youth with the support and skills they need to quit. Programs include brief interventions with groups and individuals to move youth closer to quitting.
- » Supporting tax increases on all tobacco products — a very powerful intervention. While the tax on cigarettes has been raised, taxes on other tobacco products like chewing tobacco have remained low.
- » Increasing tobacco prevention skills and knowledge among parents and other adults who have an opportunity to address tobacco use with students.

*For more information on the CDC's tobacco control recommendations, visit [www.cdc.gov/tobacco/bestprac.htm](http://www.cdc.gov/tobacco/bestprac.htm)*





## Examples of Best Practices in Rhode Island

» The American Legacy Foundation funds a Rhode Island Department of Health youth-led movement (WORD) against tobacco. A youth governing board plans and carries out extensive activities in a state-level Activity Center and in local projects.



The WORD movement focuses on implementing an artistic approach to exposing tobacco industry practices. It uses cultural, community-based arts to build self-esteem and to empower youth and community members across Rhode Island. The WORD movement addresses social and cultural roots that lead to addiction and self-defeating behaviors.

» An effort is under way to develop and implement a statewide tobacco prevention curriculum in middle schools.

» The Department of Health has funded the Rhode Island Student Assistance Services (RISAS) to work with schools to implement an evidence-based curriculum tailored to meet the needs of individual schools.

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<sup>1</sup>U.S. Centers for Disease Control and Prevention, *Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC): Adult SAMMEC and Maternal and Child Health SAMMEC software*, [www.cdc.gov/tobacco/sammec](http://www.cdc.gov/tobacco/sammec).

<sup>2</sup>U.S. Centers for Disease Control and Prevention, "State-Specific Prevalence of Cigarette Smoking Among Adults, and Children's and Adolescents' Exposure to Environmental Tobacco Smoke – United States, 1996," *Morbidity and Mortality Weekly Report (MMWR)* 46 (44):1038-1043, November 7, 1997.

<sup>3</sup>Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (HHS), "Summary Findings from the 2001 National Household Survey on Drug Abuse," 2002, [www.samhsa.gov/oas/nhsda.htm](http://www.samhsa.gov/oas/nhsda.htm).

<sup>4</sup>Rhode Island Youth Risk Behavior Survey, 2003, Office of Health Statistics, RI Department of Health.





# INJURY

*Injuries result in time lost from school that can affect academic performance.*

## Defining the Challenge

Injuries kill at least one Rhode Islander every day.<sup>1</sup> Injury is the leading cause of death in the United States and in Rhode Island among individuals aged 1-44.<sup>1</sup> Youth, particularly males, are vulnerable to risk-taking behaviors that place them at increased risk for death or disability resulting from injury. The leading causes of injury, death, and hospitalization among Rhode Islanders aged 0-20 are motor vehicle crashes, suicide and suicide attempts, homicide and assaults, and falls.<sup>2</sup> Injuries result in time lost from school that can affect academic performance and cause disabilities and on-going health problems.

Injuries are predictable and preventable. Data from the Youth Risk Behavior Survey (YRBS) provide insight into the risk-taking behaviors of students and this information can be used to inform prevention programs both inside and outside of our schools.<sup>3</sup>







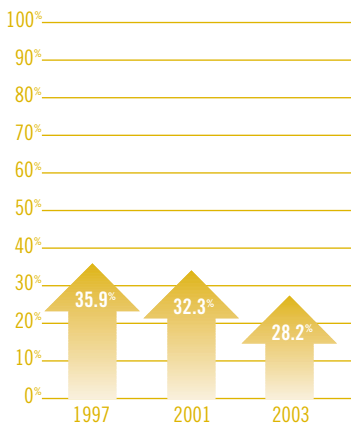
## How Rhode Island Students Are Doing

Although 1997-2003 YRBS data indicate that we are making progress in certain areas of injury prevention, much work needs to be done.<sup>3</sup> Promising trends in the area of motor vehicle safety include a decrease in the percent of students who reported never or rarely wearing a seatbelt. The percent of students who reported riding in a car with a driver who had been drinking also decreased in the same period, but this proportion still remains high at 28% of students (see Graph 1).

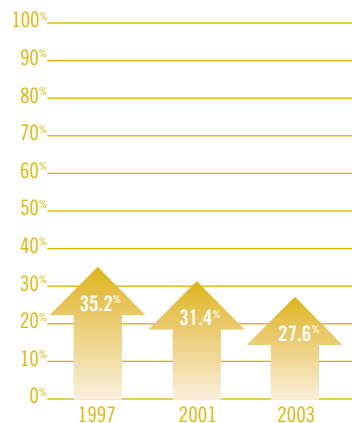
YRBS data also show a decrease in the percent of students who had been in a physical fight one or more times over the past twelve months (see Graph 2). The percent of students who seriously considered attempting suicide during the past twelve months dropped between 1997 and 2003 (see Graph 3), and the percent of students who made a suicide plan

decreased as well. While these trends are promising, the percent of students attempting suicide in the last year (8.3% in 2003) is still alarmingly high.

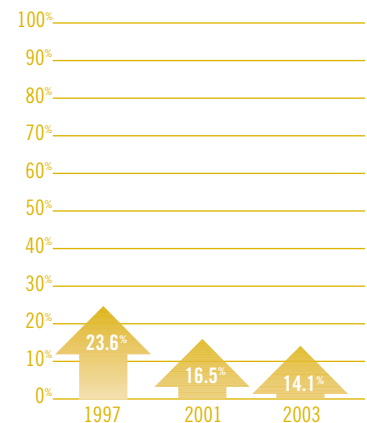
In addition, almost one-quarter of students answering the YRBS in 2003 reported feeling so sad or hopeless for two or more weeks in a row that they stopped doing some of their usual daily activities, which is often a sign of depression. These data indicate a need for coordination and intentional planning to address the mental/behavioral health needs of students.



**GRAPH 1:** Percent of students in the past 30 days who rode in a car with a driver who had been drinking, 1997 – 2003.<sup>3</sup>



**GRAPH 2:** Percent of students who were in a physical fight during the past 12 months, 1997–2003.<sup>3</sup>



**GRAPH 3:** Percent of students who seriously considered attempting suicide in the past 12 months, 1997–2003.<sup>3</sup>



*Schools play a key role in promoting life-long injury, violence, and suicide prevention skills.*

## What Schools and Districts Can Do To Reduce and Prevent Injuries, Violence, and Suicide

Schools play a key role in promoting life-long injury, violence, and suicide prevention skills.

Students who feel connected to their schools are less likely to experience emotional distress and suicidal thoughts; less likely to drink alcohol, carry weapons, or engage in other delinquent behaviors; and more likely to wear seat belts and bicycle helmets. Establishing physical and social environments where students feel connected to their schools is a critical first step in preventing many types of injuries.

Schools and districts are encouraged to look at their School Accountability for Learning and Teaching (SALT) survey responses in the areas of student reports of daily pressures, dealing with gangs, being teased or bothered by other students, fighting or having problems with friends, prejudice from students and teachers, hours of sleep, and transitional stress issues. These data may further inform district responses to intentional and unintentional injury risks within the school population.

The Centers for Disease Control and Prevention (CDC) created a tool to help schools use the best approaches to preventing injuries, violence, and suicide in schools. The tool, called the “School Health Index: A Self-Assessment and Planning Guide” (SHI), is available through the CDC’s Division of Adolescent and School Health (<http://apps.nccd.cdc.gov/shi>).



### Specific recommendations from the SHI include:

- » Creating and enforcing written school health and safety policies
- » Communicating school health and safety policies to students, parents, staff, and visitors
- » Creating and maintaining a safe physical environment
- » Promoting an environment of no tolerance for harassment or bullying
- » Providing active supervision to promote safety
- » Creating a written crisis response plan
- » Providing staff development on unintentional injuries, violence, and suicide
- » Encouraging physical education safety practices
- » Doing health and safety promotion for students and families
- » Identifying and referring students who are victims or perpetrators of violence
- » Assessing the extent of injuries on school property
- » Providing training for staff on conflict resolution
- » Providing training for staff on first aid and CPR
- » Providing behavioral health services to students



## Examples of Best Practices in Rhode Island

» The Student Assistance Program (SAP) is a statewide school-based program that addresses risk factors for injury and violence such as alcohol and drug abuse, poor academic performance, deviant school behavior, and poor parent-child relationships. The program uses on-site Masters-level counselors to provide a wide range of prevention and early intervention services. SAP is available in 32 junior high/middle schools and 24 high schools representing 20 districts. SAP is funded by the Rhode Island Student Assistance Services (RISAS). For more information, visit [www.risas.org](http://www.risas.org).



» Westerly's Integrated Social Services Program is a Child Opportunity Zone program designed to help children and families overcome obstacles that may affect their chances for success. The program assists in creating a safe and nurturing environment conducive to learning. It provides students and families with health, education, and community services by bringing regional resources into the school.

*More information  
on injury is available on the  
Safe Rhode Island website:  
[www.health.ri.gov/disease/saferi/index.php](http://www.health.ri.gov/disease/saferi/index.php).  
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<sup>1</sup>U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention Control, WISQARS Database (1989-1998).

<sup>2</sup>U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention Control, WISQARS Database, 1989-1998; and Hospital Discharge Database, Office of Health Statistics, RI Department of Health, 1991-2002; and Economic and Insurance Resource Center Children's Safety Network.

<sup>3</sup>Rhode Island Youth Risk Behavior Survey, 2003, Office of Health Statistics, RI Department of Health.



